VVFC VACCINE INVENTORY REPORT

	TEMPERATURES	
PIN	REFRIGERATOR	
Date	°F / °C (please circle)	
Phone ()	FREEZER	
Fax <u>(</u>)	°F / °C (please circle)	
	Date Phone _()	

INSTRUCTIONS: Conduct Vaccine Inventory only on the designated date. Before counting the vaccine, record refrigerator and freezer temperatures in the upper right-hand box. Only count the vaccine provided at no cost by the Virginia Department of Health. Do not include any privately purchased vaccine in your inventory. List the vaccine types by lot number. Record the number of doses, not vials, for each lot number. Fax or mail the completed inventory to the Division of Immunization at the address and/or fax number below.

Training for Gastriot frameson. Tax of main the Gornpleton inventory to the Environ of minimum zation at the database and of lax frameson below.				
VACCINE	LOT NUMBER	BRAND	EXPIRATION	DOSES
DTaP				
DTaP-Hep B-IPV (Pediarix)				
DTaP-Hib (Trihibit)				
Hepatitis A				
Hepatitis B (3 dose series)				
Hib				
Hep B-Hib (Comvax)				
Influenza (Flu) w/ Preservative				
Influenza (Flu) Preservative Free				
IPV (Polio)				
MMR				
Prevnar (Pneumococcal Conjugate)				
Td (Adolescent / Adult)				
Varicella (Chickenpox)				
Other Vaccines:				

Division of Immunization, P.O. Box 2448 109 Governor Street, Room 314 West Richmond, VA 23218 Phone (800) 568-1929 (804) 864-8055 Fax (804) 864-8090 or 8089

